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CONTENTS.

CLINICS.

CLINICAL LECTURE.

Clinical Lectures on a Case of Fronto-Temporal Neuralgia, attended with Cerebral Disorder 33

HOSPITAL NOTES AND GLEANINGS.

Treatment of Ulcers of the Leg in the London Hospitals 35

Domestic Intelligence.—University of Pennsylvania 41
University of Pennsylvania—Auxiliary Faculty of Medicine 41
Geneva Medical College 41
Alleghany County Medical Society . . 41
Pennsylvania Institution for the Instruction of the Blind 41
Philadelphia Summer School of Medicine . 41

Lectures on Obstetrics and on Diseases of Women 42
Dr. Brown-Séquard 42

Foreign Intelligence.—Pollution of Drinking Water as a Means of the Propagation of Cholera 42
Atmospheric Germ Theory 44
Animalcules in Whooping-Cough 44
Acupressure 44
Cowpox 44
The Identity of the Body in the Atmosphere which Decomposes Iodide of Potassium with Ozone 45
Sewage 45
Mortality in a Lying-in Hospital . . . 46
St. Thomas 47
Civilization of the Nineteenth Century . 47
Faculty of Sciences of Paris 47
Baron Larrey 47
Obituary Record 47

HUDSON ON FEVER. 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lectures on a Case of Fronto-Temporal Neuralgia, attended with Cerebral Disorder.—By C. HANDFIELD JONES, F. R. S., Physician to St. Mary's Hospital.

M. A. C., æt. 25 years, single, admitted October 8th, 1867. On admission, the chief feature of her condition was stupor or semi-coma. She could be induced, with some difficulty, to answer questions, but it was slowly and reluctantly, and not by any means always rationally or coherently. We understood from her mother (I believe) that about ten years ago she had a fall, and hurt her head, and since then at intervals she had had violent pains in her head, with sickness. During the last few days she had been delirious or wandering. Face pale, tongue coated; pulse 84, soft and weak; urine slightly acid, not albuminous; deposits phosphates when boiled, and lithates when treated with nitric acid. No spots on abdomen. Pupils rather large, about equal. Left lower eyelid is congested; left temple seems rather swollen.

She was ordered two morphia-dressed blisters, one to the forehead, the other to the left temple, and extracti cannabis indicæ gr. ½ *ter die*; sherry 4 ounces.

I may introduce here the account of her previous history, which was kindly furnished me by Dr. Bastian, although I did not receive it till about the time of the patient's discharge from the hospital. "M. A. C. came to live with us eight months ago; was then very anæmic and delicate-looking, and continued so all the time. She had two attacks while in our service, in addition to the illness for which she entered the hospital. The first commenced soon after she

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came, and lasted nearly a week, the predominant symptoms being intense pain in the left frontal region, with loss of appetite, but no feverishness or impairment of mental faculties. The recovery was pretty sudden. About three months afterwards she had another attack, which was rather more severe, but quite of the same character. She seemed to get much relief on this occasion from potass. iodid gr. x doses, and after regaining her usual state of health she took perchloride of iron in a bitter infusion for some weeks. During all this time the catamenia had been regular. No headache was complained of to Dr. Bastian in the interval between this attack and the one for which she was admitted into the hospital, though her fellow-servants say that she did suffer from it at times. The third attack commenced on October 3d, in the usual way, with intense pain in the left frontal region, loss of appetite, cool skin, furred tongue, but rather quick pulse. Two days later her appetite became much worse, and she became slightly incoherent for the first time. Only some wine and beef-tea were taken on this and the following days. The bowels had been well opened by medicine, and I again gave her the iodide of potassium, with an occasional dose of morphia. The left eyelid about this time became red, and slightly swollen, and there was increased lachrymal secretion. The next day she was decidedly more incoherent and rambling in her answers to questions, though she seemed to suffer less from the pain. Both pupils were dilated, and almost insensible to light, and continued so.

"On October 7th she was in a dull, almost semi-comatose condition: made no particular complaint of pain, but was quite incoherent in conversation."

12th. Some slow but gradual improvement has taken place, Zinci valerianatis gr. ij + extr. cannabis indicæ gr. ½ in pil. *ter die.*

14th. Is very much better; looks brighter; eyes more lively. Says she cannot tell persons' names, though she knows them. At least this is what I understand her to say. Aspect tranquil. Broth diet.

16th. Doing well. Sherry 6 oz.

22d. Improves slowly. Her appetite is poor in spite of nitric acid, strychnia, and cascarilla. Says she has now no pain in head at all. Mistakes pronouns frequently; uses *he* for *she*, and *vice versa*.

26th. Is still very pale and feeble, mopy, and inapt for exertion. Ferri et quinæ citratris, gr. vij. + tr. nucis vomicæ, ℥ x, + aq., ℥j, *ter die*, omitt. pil.; pt. c. oleo morrh. (ordered eight or ten days before).

Nov. 4th. Is much better; lips of better colour; is more cheerful and rational in manner. Discharged.

The condition of this patient on admission could not be regarded without anxiety. Severe pain in the head, with a considerable amount of stupor and incoherence, recent vomiting, and a previous history of an injury to the head, with subsequent paroxysms of severe pain, were symptoms which could not but excite apprehension. The left frontal and temporal regions, which were the seat of the pain, were somewhat swollen, and the lids of the left eye redder than natural. I confess my first impression was that there existed some (possibly rheumatic) inflammation of the pericranium, bone, and dura mater, and that this was the cause of the pain and other symptoms. At this time I had not the assistance of the detailed report of her previous condition, which Dr. Bastian kindly furnished me with afterwards. On considering, however, that there was no unequivocal symptom of cerebral mischief, no paralysis of the limbs, inequality of the pupils, irregularity, or slowness of the pulse, no convulsion or fever, and observing the manifest anæmia, I thought it not improbable that the cerebral disorder was but an effect and an extension of the pain, regarding the latter as a neuralgia. In a previous case, I had seen violent pain in the forehead, of apparently rheumatic character, at first complicated with delirium, and subsequently completely absorbed in it (so to speak), when it became more intense. Severe retching was also present. The patient was a strong made man, quite temperate. He died in collapse, and at the autopsy the brain was found pale and shrunken, and the heart very flabby. Although wild delirium and stupor are very different symptoms in their outward show, there is no doubt in my mind that the state of brain giving rise to them is, at least, as far as our means of observation can inform us, very similar, and I am confident that could we have looked within the cranium of our living patient, we should have seen no hyperæmia, but the reverse. Taking thus this view, that the pain in the forehead was neuralgic, and that the brain was suffering sympathetically, the indication

was to lull pain or homologous disorder, and recreate nerve power. The progress to recovery was steady, but not rapid; her memory continued to be feeble, her mental actions slow and languid, and her general nervous energy considerably below par. Under the continued administration of tonics, she improved very decidedly, and before she was discharged, the nature of the disorder was beyond all doubt. It had, in fact, resolved itself into an ordinary case of anæmia and debility. The swelling of the left side of the forehead and temple, and the redness of the left lids, was no doubt dependent on paresis of the vaso-motor nerves of the arteries of these districts. This has been well recognized by Dr. Anstie, who has seen neuralgia of the face, in several instances, give rise to a condition much resembling erysipelas. Sir Thomas Watson also states in his lectures, that severe neuralgia will give rise "to a moderate degree of inflammation of the part; which become tender to the touch, manifestly vascular, and even swollen a little." It is important that you should remember the possibility of such hyperæmia being associated with neuralgia, as, otherwise, you might be led into the error of regarding the pain as dependent on inflammation. The dilatation and insensibility of the pupils, which Dr. Bastian observed, no doubt depended on the centres of the third pair being rendered paretic, just as the hemispheres were. This case may be instructively compared with those related by M. Notta, Marechal de Calvi, and d'Hurtebise, in which neuralgia of some of the branches of the fifth pair produced paralysis of the third or sixth nerves. Let me remind you, also, of a case of sciatica under my care last year, in which there was complete motor paralysis of the affected limb, and partial of the detrusor urinæ. In these instances the disorder of a sensory nerve and its centre, extended to and involved certain adjacent motor centres. In the patient whose case we are considering, the hemispheres succumbed, being probably of weaker constitution than in most persons.

I commend this history to your attentive consideration, for I am sure you will meet in future days with similar instances, and I think the views I have expounded to you of the pathology of these forms of nerve disorder, may prove of real service in enabling you to judge correctly, and treat satisfactorily, conditions that would otherwise be very embarrassing. In conclusion, I will put into the form of direct precept the points which I wish especially to emphasize.—1st. Do not be too ready to take refuge in the conclusion that there is "congestion and effusion" whenever you have to deal with cases of threatening head affections. Let the conception of paresis of nervous structure be quite as familiar to your minds as those of hyperæmia, or of structural lesion.

2d. Remark the tendency which disorder of a nerve has to extend to, and to involve nervous centres, even those of the highest order, as the intellectual. In the two first attacks the intellectual centres remained free, in the third they gave way. I believe that two things have influence in determining the situation of the secondary affection—viz., proximity and debility. The nearer centres are, *cæteris paribus*, most likely to suffer, but if they happen to be notably stronger than more remote ones, the latter give way. There is one case on record where diseased teeth gave rise to paraplegia.

3d. See in the quality of the brain disorder in our patient a manifest demonstration of the real nature of neuralgia. Her brain was evidently partially paralyzed, and her frontal and temporal nerves were, I cannot doubt, in a like condition.

4th. Remember that, as this case shows, mere neuralgia may lead to more serious disorder. It is bad enough to be tortured with pain, but any amount of cerebral disturbance is a much graver thing. To prevent such an evil it is surely well worth a patient's while to adopt a suitable mode of life, and to presevere in taking suitable medicines, and this you ought to be able to convince them of. A country life, and the use of citrate of iron and quinine, till all anæmia and neuralgia are fairly got rid of, must be advised to our patient.—*Med. Press and Circular*, Dec. 4, 1867.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Ulcers of the Leg in the London Hospitals.—We could scarcely have chosen a more common surgical ailment than that which is the subject of the following notes. Comparison of the modes of treatment adopted for it by the authorities whose names are here collected cannot fail, we think, to be of much interest to the profession.

St. Bartholomew's Hospital.—Mr. Thomas Smith adopts the following classification as most convenient for clinical teaching and therapeutical purposes. He believes it to be of first importance to decide whether an ulcer be of syphilitic origin, or whether it be due to other causes, such as anæmia, insufficiency of food, debility, old age, eczema, varicose veins, hypostatic congestion, or local injury. The diagnosis of syphilitic ulcers he grounds on the antecedents of the patient; on the position of the ulcers, usually above the middle of the leg; their number, often more than one, or if one only is open, scars of former ulcers are usually to be found. The shape of the sore is taken into account—usually crescentic or circular, if syphilitic; the condition of the surface of the ulcer, which, unless healing, looks rotten, and generally contains a core formed of dead tissue; while the edges and environs of these ulcers are often stained a dirty tawny red.

As regards prognosis, Mr. Smith's experience is that in a general way syphilitic ulcers are the most amenable to treatment. That the depth of an ulcer (with moderate limits) more unfavourably influences the chance of recovery than its extent; that ulcers over the subcutaneous surface of the tibia are more difficult to cure than those situated over the fleshy parts of the leg; that those sores that are based on the periosteum are well-nigh incurable; and that ulcers involving the whole circumference of the limb are incurable in out-patient practice.

Treatment.—Iodide of potassium and bark internally, together with black wash or red precipitate ointment locally, seldom fail to cure syphilitic ulcers. Inflamed, irritable, or painful ulcers in feeble people are treated with bark or quinine, and by the application of morphia ointment or water-dressing to the sore. The same state of the ulcer in free livers is found to be benefited by the use of purges in addition to the above treatment. *Healing ulcers* are treated with water-dressing or simple cerate. For chronic or callous ulcers, the red precipitate is found to be a serviceable local application, while the constitutional remedies vary with the state and circumstances of the patient. The *cold* ulcer, as described by Mr. Paget, is treated by tonics, with opium locally and internally. *Varicose* ulcers are treated on general principles; the heroic but successful treatment by ligature of the veins is not carried out, on account of its unsuitability to out-patient practice. Bandages are employed in the treatment of all ulcers. Sloughing sores, which are now of rare occurrence, are at once admitted into the hospital.

Guy's Hospital.—Mr. Bryant has made the subject of ulcers of the leg one of the special topics of his clinical instruction, having had during the last few months[1] a series of cases under his care illustrating the chief forms of such an affection. He practically divides all ulcers into the cellular membranous and cutaneous sores: the former being invariably due to some general or constitutional cause; the latter, probably, to some local one. In the treatment of the cellular membranous sore, the remedies must be directed to the constitutional cause or cachexia which induced the disease, tonics being invariably required, and, when syphilis is the origin of the affection, combined with the iodide of potassium. The local treatment in these cases is of secondary importance, water-dressing being in the majority of cases all that is necessary. In the treatment of the simple cutaneous sore a variety of measures are sometimes required; for an inflamed ulcer, which requires soothing treatment, has to be treated differently from an indolent sore, which needs stimulating; a sloughing sore, from excess of action, requires an opposite treatment to a sloughing sore due to a want of power. All these cases have to be treated upon ordinary surgical principles; for Mr. Bryant is apt to teach that there is no better barometric test of a patient's condition than the appearance of a sore: a healthy sore rapidly becoming indolent on a decline of the patient's powers, or sloughing, or any extreme depressing cause making itself felt; whilst, on the other hand, a weak or indolent ulcer rapidly puts on a healthy aspect on any improvement in the powers of the patient taking place. When a simple sore is inflamed, therefore, the local and constitutional symptoms are usually treated by opium lotion, and opium internally, with or without tonics. When a sore is indolent it is stimulated with nitric-acid lotion, or the terchloride of carbon lotion; and, if connected with syphilis, black wash. When a sore is sloughing

[1] Mr. Bryant dividing his out-patient cases into classes of disease, and taking up every few months special classes of cases for clinical instruction.

from excess of action in the part, the constitutional irritability is allayed by opium, tonics, and stimulants; and when sloughing from excess of indolence in the sore, by local stimulating applications combined with tonics. When varicose veins coexist with the sore, bandaging the limb or strapping is, as a matter of routine, had recourse to, unless absolute rest can be maintained; and in all cases bandaging the limb is, as a rule, enforced. Any special treatment of ulcers Mr. Bryant looks upon as an impossibility, an ulcer, like an ordinary wound, requiring treatment adapted to the special cause or peculiarity.

Great Northern Hospital.—Mr. GAY, who has made the subject of ulcers of the leg, with their most commonly allied disorders, *varicosity* and *discoloration of the skin*, the theme of the late Lettsomian lectures, founds their treatment upon a classification differing materially from that of most writers, but least from that of Mr. Syme. His classification has a purely pathological basis, and recognizes three kinds of ulcer—namely, the *idiopathic*, the *venous*, and the *arterial*. His treatment is concurrently simple.

The first is the ulcer that, traumatic or not in its origin, depends for its persistence upon local but not abnormal peculiarities in the vascular system in that portion of the limb in which ulcers almost invariably form—namely, between the ankle joint and the calf.

An ulcer so situated, ever so simple, and in the healthiest individual, is very slow to heal on account of the inevitable tendency of the tissues involved to veno-capillary congestion and its consequences. But, beyond this, it is subject to modifications through the influence of the ever-varying conditions of the general health, as well as of constitutional taints, such as struma and syphilis.

Mr. Gay says that with this form of ulcer there are no morbid changes, essential to the existence of the ulcerative process, to be met with beyond the immediate sphere of its activity. Its typical form is the "broken shin."

The treatment is simple:—

1. *General.*—Rest, with the elevation of the foot above the level of the pelvis.

2 *Local and constitutional.*—When painful and inflamed, topical bleeding by leeches, or scarifications tolerably deep *across* the edges; warm water dressing; moderate purgation, and opium. If the ulcer has become chronic and the base thickened, Mr. Gay recommends a slightly stimulant lotion—*e. g.*, dilute nitric acid and opium; or blisters, with the cautious administration of iodine or mercury, if struma or syphilis appear to exert an influence on the sore. If there is general want of power, stimulants, tonics, and good nourishment.

There are ulcers of this class, however, which resist these methods of treatment—extensive superficial ulcers, with a subacutely inflamed base, and with clots of gummy, ichorous discharge adherent to its edges. Mr. Gay believes that this ulcer persists by the propagation of the ulcerative action from the decaying molecules to the new nucleated cells as they are evolved from the living tissues. Nothing short of the destruction of the surface will make such an ulcer granulate, and this is best accomplished by the solution of the pernitrate of mercury, once, twice, or thrice applied, at intervals of two or three days.

A large number of ulcers are associated with varicose veins. From numerous dissections, and for other reasons, Mr. Gay doubts the alleged etiological relation of these disorders. *Remotely*, the veins might have such a relation to the ulcer; but this, he thinks, is by no means clear. *Directly*, they certainly have none, and tying the veins is of no real advantage to them.

There is a more severe form of ulcer, often coincident with varicosity, and as often without it, but very constant with discoloration—"*bronzing*"—of the skin, which Mr. Gay has traced to *obstruction*, by clot principally, *either of the saphenous, or the deep venous trunks, most generally of the latter veins.* This is the "venous" ulcer.

Ulcers of this class are moderately deep, secrete abundantly, often bleed, and are situated either on a portion of indurated skin, or skin rendered boggy by veno-capillary dilatation,—the "tissu spongieux," or "caverneux" of the French writers. Such ulcers will heal by rest and elevation of the leg; but not permanently. Free elliptical incisions along either side of the ulcer constitute the only treatment that can secure for them permanent cicatrization.

The use of spiral bandages for the quasi "varicose ulcer" has been much extolled. Mr. Gay believes them to be useless, and

the principle upon which they have been recommended, a fallacy. They have been supposed to supply the place of valves that have become inert by disease. Mr. Gay avers, in the first place, that varicose veins, as a rule, are not endowed with valves; and, secondly, that in veins in which they exist, valves do not, as these bandages do, *interrupt* the current.

The "arterial" ulcer differs materially from the former kinds of ulcer. It is the large, deep, cold ulcer, which often, with intervening islets of diseased skin, occupies the whole of the leg, from just below the knee to the ankle. As it deepens, so it invades fasciæ, muscles, bones, and even the deeper vessels.

Mr. Gay has traced these ulcers invariably to disease affecting the coats of the deep arteries of the limb, especially the anterior and posterior tibial. They are positively incurable by any means yet adopted; and amputation, excepting under exceptional circumstances *of a favouring nature*, is a very hazardous proceeding. One of the worst specimens of such an ulcer is now under observation in the wards of the hospital.

King's College Hospital.—The most numerous class of cases among the poor, according to Mr. Wood, is that of varicose ulcer. Usually placed a few inches above the inner or outer malleolus, and accompanied by a brownish-red, dry discoloration, or an eczematous desquamation of the skin around, these ulcers are often obstinate and tardy in healing, and are usually the most frequent in recurring. In the more acute cases of this sort, and those attended by heat and pain, Mr. Wood finds that by far the most convenient, comfortable, and effective plan of treatment is by the acetate of lead and glycerine lotion placed on lint next to the sore, changed every night and morning, and surmounted by a wet bandage, carefully adjusted, and kept moist by being wetted from time to time during the day. This plan has the additional and valuable recommendation of necessitating the important adjunct of cleanliness of the part. If the pain be very great at night, five grains of the opium and soap pill are given every night, and the bowels are acted upon daily by a sulphate of magnesia purgative. When the heat and inflammation subside, which soon occurs under this treatment, the lunar caustic is applied twice a week to the edges of the sore, which is then strapped with soap plaster. Strapping, however, is found not to answer in cases attended with an irritable eczematous condition of skin, in which small and troublesome ulcers are apt to follow its use in other places chafed or galled by the strapping. In such cases the continuation of the lotion and wet bandage to the end of the treatment answers best, with the internal administration of an acid tonic and occasional warm aperients, and opium at night. In obstinate cases of this kind the administration of the solution of the arseniate of potash with quassia infusion, about half an hour after meals, seldom fail to produce a cure.

In sloughing and phagedenic ulcers, with congested edges, dark-red granulations, and sanious discharge, rest in the recumbent posture is indispensable in the treatment, with aperients, succeeded by tonics and opium, administered internally. The local application from the first in these cases, in Mr. Wood's practice, consists of a solution of carbolic acid in glycerine-and-water, of the strength of about 3 or 4 per cent. of the pure acid. This is applied on lint, and covered with oiled cotton or silk and a light bandage This has been found remarkably efficacious in cleansing the surface of indolent, ash-coloured, sloughing granulations, as well as in the more extensive sloughs, and in inducing healthy action and cicatrization.

In simply indolent ulcers the local application of the chloride or sulphate of zinc lotion, in the proportion of 2 to 3 grains to the ounce, is of the most use. If the edges of the sore are thick, indurated, and callous, the caustic chloride of zinc paste applied to the edges has been found to induce a more even and healthy cicatrization when the surrounding skin has not been too firmly bound down by induration.

In cases of irritable rupious, or serpiginous ulcer, with suspicion of a syphilitic taint, the fresh-made ointment of the red oxide of mercury is found, when it can be borne, the most speedily effective. It is usually combined with opium at bed-time, and, when other signs of syphilidæ are present, with the administration of iodide of potassium. If the pain be very great, and the above ointment cannot be borne, the fresh-made mercury ointment rubbed well up with the extract of belladonna, in the proportion of a drachm of the latter to

an ounce of the former, applied to the sore on lint, is usually effective in allaying the pain, and inducing healthy action.

In some cases, attended with but little discharge, strapping with soap-plaster over the lint spread with this ointment, and left on for two days, is found convenient and comfortable. In cases with inflammatory redness, however, a wet bandage so applied is better.

In weak ulcers, with pale flabby granulations, Mr. Wood uses locally an aqueous solution of the perchloride of iron in the proportion of 2 or 3 grains to the ounce, with the internal use of the tincture of the same preparation. Mr. Wood has employed, as a useful adjunct to the treatment in those troublesome cases of sores placed just above the tendo Achillis, continually stretched and irritated by tension in walking, a high-heeled shoe, or temporary pad placed under the heel, until cicatrization has fairly progressed. It must, however, not be continued too long, for fear of promoting permanent contraction.

St. Mary's Hospital.—Mr. Norton endeavours to simplify the treatment of chronic ulcers of the leg by dividing them into three classes—1st, inflammatory; 2d, non-inflammatory; 3d, those due to an existing local cause.

Under the first head, he considers those ulcers around which the integument is reddened, swollen, puffy, and tender to the touch, and which are invariably accompanied by constant pain, more or less severe, though the wound itself may be small, red, and dry, or, on the contrary, covered with large, red fungous granulations, or it may be even phagedenic in appearance. As a rule, there is but little suppuration in these cases. Moderate antiphlogistic remedies, coupled with anodynes, seem to be the most beneficial, such as the following pill, given twice a day for a time: Potassio-tartrate of antimony, one-sixth of a grain; powdered opium, one-third of a grain; mercury pill, two grains; confection of roses in sufficient quantity. But it must be remembered that even this small dose of mercury is capable of producing salivation. Attention is paid to the bowels, which should be frequently relieved by an ordinary rhubarb draught. Locally, the treatment adopted is emollient, as a warm poultice sprinkled with laudanum, and in a few days changed, if necessary, to a bread poultice saturated with a lotion composed of solution of diacetate of lead, five minims; tincture of opium, half a drachm; water, one ounce—applied at the natural temperature.

Under the second head, or non-inflammatory class, he places those ulcers which are accompanied by little or no pain, which have but little effect on the general health, and which, as a rule, have large anæmic or œdematous unhealthy granulations, covered by a thin puriform secretion, possessing no pretensions to the character of laudable pus. They may be surrounded by elevated tallowy edges; and the wound may be shallow or deep, and coated with a greenish, unorganizable lymph. These Mr. Norton treats with a lotion of carbolic acid (five grains to the ounce); but lately he has tried largely the treatment by exclusion of air, and for that purpose has applied pieces of tissue-paper, steeped in Dr. Richardson's styptic colloid, and accurately fitted to the ulcer; or a solution of mastic in spirit made into a paste, with trisnitrate of bismuth, and applied upon lint, kept in position by a strip of soap plaster, care being taken first to wash and thoroughly dry the wound. Each application has its merits, but the latter produces no smarting of the surface; on the contrary, by means of the anodyne properties of the bismuth, it subdues any nervous irritability. If no secretion remain upon the wound at the time of the application, the lymph effused from the granulations tends to become organized, and the process of healing is promoted.

Under the third head, Mr. Norton arranges those ulcers due to a persistent local cause, as varicose veins, or necrosis, the treatment of which depends mainly upon the removal of the exciting agent. The former are always accompanied by an enlargement of the superficial veins of the extremity, which, by obstructing the return of the blood, lessen the supply of nutriment to the part, and thus not only prevent the healing of an existing ulcer, but render the rest of the integument peculiarly prone to ulceration. The object here being to compress the superficial veins and regulate the circulation, Mr. Norton encircles the limb by strips of soap-plaster for some distance above and below the wound, and afterwards applies a bandage from the foot to the thigh.

Mr. Norton considers that total rest is

the most reliable remedy for all ulcers, but it is without this valuable agent that the surgeons of the out-patient departments have to deal with the disease. As a rule, also, he finds internal medicines of but little avail, with the exception of purgatives and anodynes; and, as regards local applications, prefers the milder remedies, as calamine ointment, or a weak solution of carbolic acid; the zinc and resin ointments, and the stronger lotions, being too stimulating, irritative, or drying.

If the ulcer be connected with syphilis, five grains of the iodide of potassium are given three times a day; and if, as is frequently the case, the ulcer be surrounded by an eczematous or a scaly eruption, a weak lotion of diacetate of lead and glycerine is applied, the latter keeping the epithelium in a moistened state, and so preventing the irritation which is produced by the dry scales.

University College Hospital.—Mr. CHRISTOPHER HEATH believes that an accurate diagnosis of each case of ulcerated leg is essential for its successful treatment, and that the hap-hazard plan of poulticing pursued by patients, and of applying the red nitric oxide of mercury ointment by chemists to every form of ulcer, is as absurd as it is common. Mr. Heath has long abandoned the use of ointments for lotions, but finds it worse than useless to prescribe lotions unless the patient is *shown* how to apply them properly on lint covered with oil-silk; if merely *told* how to do it, the lint is usually cut larger than the oil-silk, or the latter is put next the skin. The best practice is for the "dresser" to apply the dressing with water at the time, and the patient to use the lotion at the next dressing.

The commonest form of ulcer, particularly amongst married women, is the syphilitic. This fact is often not recognized, and ulcers are treated with ordinary stimulants for months unsuccessfully which heal in a few days under yellow wash (one grain of bichloride of mercury in one ounce of lime-water), and iodide of potassium internally. The ulcer is usually multiple, very irregular, and the skin around has a peculiar "worm-eaten" appearance. The ulcers commonly extend up the leg to the knee, and there may be thickening of the tibia. There is a yellowish-white surface to the sores, and a thin discharge exudes in considerable quantity. The scars of former ulcers are often apparent, and a history of frequent abortions is sufficient confirmation of the diagnosis, without going into more minute particulars. Mr. Heath has noticed that these ulcers are not so numerous at University College Hospital as at the Westminster Hospital, where the patients, as a rule, are of a lower order, but the proportion which they bear to other forms of ulcer is about the same at both institutions.

Ulceration about the foot is usually of this kind, and so also ulceration between the toes; and the only form these are liable to be confounded with, in Mr. Heath's experience, is that dependent upon scabies. Ulcer of the leg depending upon scabies is constantly confounded with ordinary ulceration, but requires specific treatment for its cure. The ulcers vary very much in size (this depending principally upon the time the disease has existed), and often have little to distinguish them from simple ulcer, unless attention is directed to the surrounding skin. Here evidence of scabies may be readily discovered, and probably also in other parts of the body; and nocturnal irritation will generally be found to exist. Mr. Heath never uses the sulphur ointment for any form of scabies; but, here as elsewhere, has had every reason to be satisfied with the sulphide of calcium lotion (sulphur and quicklime, of each one ounce, boiled in a pint of water), provided the affected part is well washed with hot water, and the lotion applied whilst it is warm and moist, and then allowed to dry on. Two or three applications of this kind remove the scabies, and the ulcers then heal readily with water dressing.

The eczematous ulcer is very commonly met with, the disease depending usually upon varicose veins. As the eczema has existed for many months before it was scratched and irritated into ulceration, it will be necessary to administer arsenic internally for its cure; and water dressing, with careful bandaging, may be applied to the leg. In obstinate cases of the kind, Mr. Heath has found weak iodine lotion (one drachm of the tincture to eight ounces of water), and in the later stage zinc ointment, very serviceable.

The ordinary varicose ulcer heals readily with a lotion of nitrate of silver (two grains to an ounce), and constant bandaging; but there is a form of irritable varicose ulcer

(usually of small size and near the ankle) which is very difficult to cure, and in the treatment of which opium internally, in the form of compound soap pill (five grains thrice daily), is very useful.

The indolent ulcer of long standing, with thickened margins and a callous surface, is not very common in Mr. Heath's practice; but when it occurs it is invariably and rapidly cured by strapping the ulcer, and the leg for a short distance above and below it. The strips of plaster should be dipped in *hot* water before they are applied, as they thus fit the part much better than if merely warmed; and no other dressing is to be put upon the ulcer itself. A bandage is applied over the plaster, which latter requires renewal twice a week.—*Lancet*, Jan. 11th, 1868.

DOMESTIC INTELLIGENCE.

University of Pennsylvania.—It appears from the catalogue now before us that the number of matriculants in the medical department during the session of 1867–8, was 408.

University of Pennsylvania—Auxiliary Faculty of Medicine.—The course of lectures by this Faculty will commence on the first Monday in April, and be continued three times a week during the months of April, May, and June All students who have matriculated in the medical department and have taken the tickets of two of the medical faculty, will have the right of admission to the lectures.

The faculty consists of Harrison Allen, M. D., Prof. Zoology and Comparative Anatomy; Horatio C. Wood, Jr., M D., Prof. Botany; F. V. Hayden, M. D., Prof. Mineralogy and Geology; Henry Hartshorne, M. D., Prof. Hygiene; John J. Reese, M. D., Prof. Medical Jurisprudence including Toxicology.

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Geneva Medical College.—The annual commencement of this College was held on the 21st of January last, when the degree of M. D. was conferred on fifteen candidates.

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Alleghany County Medical Society.—At a meeting of this Society, held Jan. 21st, 1868, in the Western University building, the following officers were elected for the year 1868, viz: Dr. A. M. Pollock, President; Dr. Wm. F. Knox, Vice-President; Dr. W. Snively, Corresponding Secretary; Dr. B. C. Jillson, Recording Secretary; Dr. E. Umbstaetter, Assistant Recording Secretary; and Dr. John Semple, Censor. Also eight delegates to the American Medical Association and sixteen to the State Medical Society. The Society is in a flourishing condition, and has seventy-nine *bona fide* members, and twenty-one members elect who have not yet signed the constitution.

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Pennsylvania Institution for the Instruction of the Blind.—We have before us the thirty-fifth annual report of this most useful institution. The number of blind persons in it at the present time is 183.

A strong appeal is made in the report in favour of the establishment of a subsidiary department which may afford remunerative employment to pupils after leaving the school.

This it is proposed shall embrace—"1 A manufactory. 2. Employment, at fair wages, of all who are able to board outside. 3. Employment of the blind at their own homes; materials for work furnished at cost, and their fabrics sold for them. 4. Board furnished at a low rate to females; also to a limited number of others unable to earn their own expenses." Such an industrial establishment could not be entirely self supporting; but with a little assistance, in addition to their earnings from work, many would be preserved from idleness and pauperism, and, as justly observed by the Principal in his report, "It would be difficult to found an institution for persons suffering a great privation in which so much good could be accomplished at so little expense."

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Philadelphia Summer School of Medicine.—The fourth session of this school will begin on the 1st of March, 1868, and continue until October.

Lectures and examinations will take place daily during April, May, June, and September.

Lectures and demonstrations of bandaging and dressing of fractures upon the manikin, and of surgical anatomy and operations upon the cadaver will be given by H. Lenox Hodge, M. D.

Lectures on percussion and auscultation in diseases of the lungs and heart with

clinical examination of patients by James H. Hutchinson, M. D.

The structure of the microscope and the manner of using it will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by Horace Williams, M. D.

Instruction in the microscopical and chemical examination of the urine will be given by James H. Hutchinson, M. D.

Lectures on materia medica, by R. Boling, M. D.

Lectures upon the anatomy, physiology and diseases of the eye, by Geo. C. Harlan, M D.

Clinical instruction will be afforded at the Pennsylvania, Episcopal and Children's Hospitals.

Class-rooms, 920 Chestnut St.

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Lectures on Obstetrics and on Diseases of Women.—We take pleasure in announcing that Dr. F. H. GETCHELL will deliver a course of lectures on Practical Obstetrics, at the Lecture room of the School of Anatomy, commencing April 2d, at 3 o'clock P. M. The plan of instruction combines clinical and didactic teaching.

He will also deliver a course of Lectures on Diseases of Women, at the Catherine Street Dispensary, commencing Friday, April 3d, at 11 o'clock A. M.

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Dr. Brown-Séquard.—This eminent physiologist, at present residing in Cambridge near Boston, Mass., was at the meet- of the Academy of Medicine of France, on the 23d of January last, elected a foreign correspondent of that learned body. He received 45 out of 49 votes.

FOREIGN INTELLIGENCE.

Pollution of Drinking Water as a Means of the Propagation of Cholera.—Dr. LETHEBY, in his recent report on the sanitary condition of London for the year 1866-7, gives an excellent and elaborate account of the last epidemic of cholera, and examines some of the theories which have been put forth to account for its propagation. As there are some grounds to apprehend that we may suffer from a visitation, in this country, of the epidemic during the coming summer, the following remarks by Dr. L., on one of the theories which has obtained many advocates, will be read with interest.

"The alleged pollution of the water rests upon a series of assumptions, many of which are in the highest degree improbable. It happened that two deaths from cholera occurred on the 27th of June, at Bromley, inmediately in the neighbourhood of the East London Water-works, though far removed from their source of supply; and it is assumed that the alvine discharges of the two sick persons were cast into the privy, and found their way, through the sewers, into the river Lea, where, by being diffused through a large volume of water, they passed upward against the current of the stream, and arrived opposite an open, but rarely used, reservoir of the water company; that they then soaked through a thick embankment, and so obtained access to the water of the uncovered reservoir; that on a certain day some of this water was admitted into the covered reservoir, from which the public supply was taken; and that it was thus distributed to the district supplied to the company. But if, for the sake of argument, it were admitted that all this did in reality happen, it would be a curious mathematical problem to determine what was the degree of final dilution after the alvine matters had entered the sewers, then the river Lea, then the open reservoir, and, lastly, the covered reservoir; for it is not supposed that the choleraic discharges were bodily conveyed to the covered reservoir, but that only a small portion of each of the successive dilutions became mixed with larger and larger volumes of water.[1]

"Apart, however, from the improbabilities of these assumptions, it is a fact that the water which is said to have been thus polluted did not produce its effects in the several districts to which it was distributed in anything like uniformity of time or force. Suppose, by way of illustration, that alcohol or arsenic had become mixed with the water, and that on a certain day it was distributed to the public, we should expect to find that the action of the poison was not only manifested at the same time over the whole district of supply, but that it was confined to that district. Not so, however, with the water in question, for although it is not alleged to have been more than once polluted, yet the first effects in the several districts

[1] I need not discuss another supposed source of pollution, the cholera cases at Theydon Bois, eleven miles from the works, for that hypothesis is abandoned.

occurred at long intervals; and there were many places to which it was distributed, where there was no sign of the disease; while others which did not receive the water were seriously affected.

"The dates of the outbreak of the disease in the districts supplied with the East London water were as follows: Bromley, June 27th; Poplar and Bethnal Green, June 30th; Shoreditch and Mile End, July 7th; Whitechapel, Stepney, and St. George's-in-the-East, July 14th; and the East London Union, July 28th. A month therefore elapsed between the first outbreak of the disease in the several districts. It is, moreover, remarkable that, while it was so violent in many of the districts of supply, it was absolutely powerless in others. The death rate, for example, of Bethnal Green was 63 per 10,000 of the population; Whitechapel, 78; Poplar, 85; and St. George's-in-the-East, 93; whereas the districts of Stamford Hill, Upper Clapton, Walthamstow, Woodford, Wanstead, Leytonstone, Buckhurst Hill, North Woolwich, and Silverton,[1] were absolutely untouched by the disease, notwithstanding that they received the same water, and at the same time.

"More remarkable still, there were places in the very heart of the cholera field, and others close adjoining it, where the residents received the same suspected water, and used it freely, without suffering in the least degree. In the Limehouse School, around which the cholera was frightfully fatal, there were 400 children who drank the same water as their neighbours, and yet there was not even a case of diarrhœa among them. In the London Hospital, which is also in the heart of the cholera field, for it is surrounded by the districts of Whitechapel, Bethnal Green, Mile End Old Town, and St. George's-in-the-East, there was an average resident population of 463 persons, and, although they drank freely of the unfiltered East London water, yet there was not a case of illness among them.[2]

"Again, in the eastern division of the city of London, which adjoins the cholera field, the suspected water was supplied to 161 houses, with a population of about 1732 persons, but except in one of these houses (20, Somerset-street), which is on the boundary of Whitechapel, there was not a single death from cholera[3] and to verify this, I have obtained the addresses of all the persons who died in the cholera ward in Bishopsgate-street. But, besides this, the disease was singularly fatal in places where the suspected water was never used. In Crown-court, Blue-anchor-yard, Whitechapel, where the water supply is from the New River, the mortality was at the rate of 284 per 10,000. In Boar's-head-yard, of the same district, which is also supplied by the New River, the death-rate was 193 per 10,000, and indeed there are eighteen courts in Whitechapel, where none of the East London water was used, and yet, out of an aggregate population of 4351 persons, there were 30 deaths from cholera, the mortality being at the rate of 69 per 10,000; that of the whole district being but 77.

"Another such an instance is the case of the City of London Union at Bromley. In the midst of the cholera districts it suffered in common with the whole neighborhood, for out of 765 persons it lost 27 from the disease, which is at the rate of 353 per 10,000. But during the whole of the time the residents used no other water than that from a deep artesian well, which, on being analyzed, was found to be good and wholesome.

"So that on carefully examining the facts in their relation to the water theory, we find—

"1 That there is no proof whatever of choleraic pollution of the water.

"2. That there was no coincidence of time in the appearance of the disease in the several districts supplied with the suspected water.

"3. That numerous districts receiving the same water, but situated at high level, or placed beyond the cholera field, were entirely exempt from the disease.

"4. That even in the very heart of the cholera field, there were places receiving and using the suspected water with impunity.

"5. That other places not supplied with the water, but situated within the infected area, suffered equally with the neighbourhood.

[1] Silverton was affected towards the end of the epidemic, when no water theory could account for it.

[2] 574 cases of cholera were treated in the Hospital, but they were all brought into it sick of the disease. A nurse who lived out of the Hospital died of the disease.

[3] There were two deaths in this house from cholera, but both were late in the season—viz., one in the first week of August, and the second in the third week.

"I am far from wishing it to be thought that choleraic matter diffused through water will not produce disease. There is abundant evidence to show that it is often a prolific source of it; but I am anxious in dealing with a question of so much public importance as the origin of the late epidemic, that none of the facts should be perverted, and that no hasty or ingenious hypothesis without solid foundation should take possession of the public mind. In the conduct of inquiries like this there should be a calm, a full, and a candid examination of the facts. We should endeavour to study the phenomena in a philosophical spirit, and apply to them the tests of sound induction; we should strive also to deduce from them such laws as will not only expose the nature of the malady, but will at the same time enable us to treat it successfully. Rash opinions, boldly asserted and tenaciously held, though they may force themselves on public attention, rarely lead to useful results; and while they have their hold on the popular mind they seriously hinder the progress of real knowledge."

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Atmospheric Germ Theory.—Prof. BENNETT gave a lecture on the 17th January last on this subject. He reviewed the opinions of various observers who allege that the germs of animal and vegetable growths float in the air, and these depositing in fluids, give rise to the forms of life found therein. He stated the results of many experiments performed by himself, and exhibited infusions which had undergone various chemical manipulations; and described how the air, before being admitted to the flasks in which they were, had been treated. It had been passed through sulphuric acid, liquor potassæ, and a high temperature, and still in most of the flasks the appearance of growths were visible. He further alluded to the frequency with which a growth of one kind was found in an infusion contained in a deep glass, whilst a growth of another kind was found in the same infusion contained in a shallow plate on which the deep glass was placed—both being subjected to the influence of the same atmosphere by being covered with a bell-glass. He also described the progressive forms found in these infusions: first there were Bacillaria and vibrio, but before other animalcules were found these had broken up. He thought that alternate generations in the infusory animalcules was not improbable, and gave his views at some length as to the growth of the lower organisms from molecules. He was of opinion, from his experiments, that the development of these germs in infusions could be explained by reference to the temperature, the density, and the chemical nature, but seemed to give the chief importance to the first.—*Lancet*, Jan. 25th, 1868.

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Animalcules in Whooping-Cough.—The existence of minute organisms in various pathological secretions, or exhalations, is gradually being made out; and as such have also been found in normal secretions and excretions, it may be suspected that ere long the present pathological views respecting a variety of diseases will be wonderfully changed. Quite lately, M. Poulet mentioned, in the *Cosmos*, having found in the moisture of patients suffering from whooping-cough, infusoria belonging to the class Bacterium bacillus.—*Lancet*, Jan. 18, 1868.

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Acupressure.—In concluding a memoir on Acupressure in the *Wiener Medizin Wochenschrift*, Prof. BILLROTH of Vienna says that, so far as he can judge from his own experience, acupressure is destined to supersede the ligature in most cases; that it has certain marked advantages over the latter, especially in allowing the healing of large wounds by the first intention. He says further that, while he has not met with any instance in which an amputation-wound has so thoroughly healed by the first intention that not a drop of pus has escaped, cases of the kind have been related by men so trustworthy that it is impossible to doubt the possibility of their occurrence.—*British Medical Journal*, Jan. 25th, 1868.

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Cowpox.—The French Academy of Sciences has awarded a prize to M. CHAUVEAU, the well-known physiologist and veterinarian of Lyons, for an elaborate essay on cowpox. M. Chauveau has ascertained that when the vaccine lymph is injected into the veins of a heifer, the result is a general eruption of cowpox, which makes its appearance on the eighth day after the operation. In the horse the same experiment gives rise to the horsepox.

Innoculation of vaccine lymph under the skin or on a mucous membrane produces a

local pustule, which five days after the operation confers an immunity from the disease, and impedes all general eruptions. The fact has been proved by a very ingenious experiment. After inoculating a calf by the usual method, M. Chauveau cuts out the part, and allows the wound to heal. On the eighth day a general eruption takes place, showing that the vaccine lymph had really entered the blood, and produced a general disease; but that the presence of the local pustule prevented it from showing itself by an external manifestation.—*Med. Times and Gaz.*, Jan. 25th, 1868.

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The Identity of the Body in the Atmosphere which Decomposes Iodide of Potassium with Ozone.—Dr. ANDREWS, of Belfast, the veteran worker on ozone, in a communication brought before the Royal Society, says: "It was assumed for many years, chiefly on the authority of Schönbein, that the body in the atmosphere which colours iodide of potassium paper is identical with ozone; but this identity has of late been called in question, and as the subject is one of considerable importance, I submitted it lately to a careful investigation. The only property of ozone, hitherto recognized as belonging to the body in the atmosphere, is that of setting free the iodine in iodide of potassium; but as other substances, such as nitric acid and chlorine, which may possibly exist in the atmosphere, have the same property, no certain conclusion could be drawn from this fact alone." To prove their identity, Dr. Andrews tried various plans all tending to establish his point, but the following is the most conclusive of these. The action of heat furnishes the most unequivocal proof of the identity of the body in the atmosphere with ozone. Dr. Andrews formerly showed that ozone, whether obtained by electrolysis or by the action of the electrical brush upon oxygen, is quickly destroyed at the temperature of 237° C. An apparatus was fitted up, by means of which a stream of atmospheric air could be heated to 260° C. in a globular glass vessel of the capacity of five litres. On leaving this vessel, the air was passed through a U-tube, one metre in length, whose sides were moistened internally with water, while the tube itself was cooled by being immersed in a vessel of cold water. On passing atmospheric air in a favourable state through this apparatus, at the rate of three litres per minute, the test-paper was distinctly tinged in two or three minutes, provided no heat was applied to the glass globe. But when the temperature of the air, as it passed through the globe, was maintained at 260° C., not the slightest action occurred upon the test-paper, however long the current continued to pass. Similar experiments with an artificial atmosphere of ozone, that is, with the air of a large chamber containing a small quantity of electrolytic ozone, gave precisely the same results. On the other hand, when small quantities of chlorine or nitric acid vapour, largely diluted with air, were drawn through the same apparatus, the test-paper was equally affected, whether the glass globe was heated or not.—*Med. Times and Gaz.*, Jan. 18, 1862.

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Sewage.—The following letter from Dr. LETHEBY was read at the late meeting of Medical Officers of Health: "With respect to the papers which are to be read to morrow evening, I regret that I shall not have the opportunity of hearing the discussion of them; for, undoubtedly, there is no more difficult or important question than the means of disposing of town sewage. In common with all who have had any large experience of this matter, I have long perceived that the present system of diluting the excreta of the human body with from twenty to forty gallons of water per head of the population is both wasteful and mischievous; for it not only destroys the value of such excreta for agricultural purposes, but it also creates a gigantic difficulty. At the present time the rivers of England are so polluted with sewage as to be a local nuisance as well as a national disgrace; and if it were not for the self-purifying power of water, especially when it is charged with not more than a twentieth part of its volume of sewage, and has a run of not less than ten miles in distance, the condition of our rivers would be such as to be a fruitful source of pythogenic diseases. Happily, however, under the circumstances just mentioned, the powers of disintegration, precipitation, oxidation, as well as those of animal and vegetable life, are, in most cases, sufficient to purify the water and render it fit for all purposes. Nevertheless, there can be no question that the undefecated sewage of towns should be kept out of our rivers, and the great problems of the present

day are—whether we shall collect the excreta of men and animals without admixture with water, and by some simple chemical process render them innocuous and, at the same time, fit for agricultural purposes, or whether we shall still go on diluting them with water, and then defecating the product by irrigation on suitable lands or by chemical treatment. No doubt there are generally some special local circumstances which will give a selective value to one of these methods of treatment, by rendering it more easy of application than the others. But I look hopefully to the time when the excreta will be so treated as never to exist in sewage, but be utilized in their undiluted condition. Whether the earth closet, as at present designed, will accomplish this, is very questionable, and I am not at all sanguine of its success, for the difficulties of its application in large towns are, in my opinion, insurmountable, and the use of earth in country districts hardly needs the complication of such an apparatus. I am, however, sure that we shall be doing a public service by considering the question in all its bearings, and carefully examining, without hastily judging, the value of every invention that relates to the subject."—*Med. Times and Gaz.*, Jan. 25th, 1868.

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Mortality in a Lying-in Hospital.—Dr. PRIESTLEY, in a clinical lecture on the closing of the Nightingale ward in King's Hospital, states some facts which demonstrate the impropriety of having obstetrical wards in general hospitals, and indeed militate against the utility of lying-in hospitals generally.

He states that in the arrangement of the Nightingale ward "every precaution was taken to isolate it as much as possible from the other medical and surgical wards of the hospital, and thus to keep it free from the influences which might emanate from certain cases of disease which find their way into the wards of a general hospital. The Nightingale ward was, therefore, placed on the upper floor of the hospital, with a ward devoted to the diseases of women next to it, but with no other ward on the same floor.

"A convalescent ward was provided apart from the lying-in ward, and each patient had the very liberal allowance of 3200 cubic feet of breathing space. Indeed, so perfect were the arrangements of this ward, that they were repeatedly made the subject of commendation by many foreign obstetric physicians who from time to time visited it.

"They had a skilful resident midwife and a qualified resident obstetric assistant, and the patients received every attention and comfort that they could desire. He had seen no hospital which had so perfect a maternity department.

"Notwithstanding all these precautions—notwithstanding the perfection of the arrangements which had been made for the care of the lying-in women—the result had been so adverse to the patients admitted, that the ward was now closed. The closing of this ward was no sudden idea, but had gradually and progressively grown out of the painful recollections which were associated with the cases that had occurred in it.

"In cases where the forceps had to be used, or in cases where premature labour had to be induced, the results were more frequently untoward than favourable. These cases were generally followed by some form of puerperal fever or of blood-poisoning. Besides this there was a much larger proportion of deaths after natural delivery than is usual, and it was further noticed that the patient's chance of recovery was diminished if, from any reason, she came into the hospital a week or two before the time of labour, and it had constantly been insisted upon that in the case of a woman coming from the country, she should not be brought to the hospital until she was actually in labour.

"Attempts were made to discover the cause of this mortality, and, if possible, to prevent it. In the first place, it was impressed upon the obstetric assistant and the obstetric clerks that they should go as little as possible into the general wards of the hospital, and especially into such wards as were known to contain cases of fever or erysipelas, and that they should abstain altogether from going into the post-mortem theatre. Pupils who were dissenting were not to attend the lying-in ward. Disinfecting agents of every kind were freely used. These precautions were essential, because it is now well known that any particles of matter which may adhere to the fingers after the examination of foul sores, or cases of erysipelas, or any specific inflammation, or cases of scarlatina, are almost certain to

produce puerperal fever, or some other form of blood-poisoning, if introduced into a lying-in ward.

"After a conference with Professor Miller, pans of charcoal were placed in the wards, and vessels filled with carbolic acid water. In cases where the vaginal discharges were in the least offensive, frequent injections of carbolic acid and water or of Condy's fluid were employed. But all these means failed to check the mortality.

"Another attempt was made to reduce the mortality by transferring all the patients from the lying-in to the convalescent ward immediately after delivery, and, as there were two separate delivery rooms, these were used alternately for three weeks at a time, one being made use of as a lying-in ward, while the other was being thoroughly ventilated and disinfected. Whenever it happened that two or three bad cases occurred successively, the whole establishment was closed for two or three weeks, including the convalescent ward, and everything was changed or disinfected. The committee of the hospital had at all times shown its readiness to co-operate and carry out any suggestions he had made. In spite of all these precautions, the rate of mortality increased rather than diminished. The mortality for the last six years—indeed, for the whole time that the Nightingale ward had been opened—had reached the rate of 1 in 28.9 cases; this was a very high death-rate. But it must not be supposed that this high rate of mortality was peculiar to this hospital. Dr. Lefort states that, taking the statistics of lying-in hospitals generally, the death-rate is 1 in 29. Compare this with the rate of mortality amongst the out-patients attended by students at their own homes, and we find it to be only 1 in 212! It follows, as a natural deduction from these figures, that in all probability the lives of many of these patients would have been spared had they been delivered in their own homes."—*Med. Times and Gaz.*, Jan. 25th, 1868.

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St. Thomas.—The latest intelligence from St. Thomas states that the island was healthy, though the water in the harbour is reported to be in a foul state. The *Standard* gives the following information up to the 20th ult.: "The island was then healthy, but private advices state that the water in the harbour was more putrid than ever through the number of sunken vessels with provisions, etc., on board. The slightest movement among the shipping caused exhalation to become insufferable, and it was apprehended that before long some serious sickness would be the result."—*Lancet*, Jan. 18, 1868.

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Civilization of the Nineteenth Century.—When the rumours spread in Naples of the invasion of the epidemic, the people rushed *en masse* to the house of a poor fortune-teller named the Sibyl, and massacred her, cutting her body into small pieces. From *L'Italie* we learn that a similar occurrence took place at Frosineto. A certain family were thought to have been instrumental in spreading the disease, and the inhabitants determined to avenge their dead relatives. They went to the house at night, and brutally murdered no less than five persons. —*Med. Times and Gaz.*, Aug. 24, 1867.

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Faculty of Sciences of Paris.—The celebrated chemists Dumas and Ballard, have retired from the chemical chairs in this school, and are succeeded by MM. Pasteur and Sainte Claire Deville, who will fully maintain the reputation of the faculty.

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Baron Larrey.—This worthy son of an illustrious father has just been elected one of the ten *Académiciens libres* of the Imperial Academy of Sciences in place of the late M. Civiale. The French medical press are unanimous in approving of this election as a fit reward for indefatigable industry, and the able manner in which the present Baron has upheld the lustre of a great name.

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Obituary Record.—Died, on the 24th January, 1868, at his residence near Ambleside, in the 78th year of his age, John Davy, M. D., F.R.S., Inspector-General of Army Hospitals. Dr. D. was an eminent chemist, geologist, and physiologist, and is well known in this country by his numerous and valuable contributions to our science. He was a brother, and the biographer of Sir Humphry Davy.

—— January 23d, 1868, aged 80, M. Serres, Professor of Comparative Anatomy at the Garden of Plants, Member of the Academy of Sciences, and of the Academy of Medicine, etc. M. S. held a high rank both as a physician and *savant*, and was universally esteemed.

Now Ready.

THOMAS ON WOMEN.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN.

By T. Gaillard Thomas, M. D. Professor of Obstetrics, &c., in the N. Y. College of Physicians and Surgeons, President of the N. Y. Obstetrical Society, &c. With two hundred and nineteen illustrations on wood. In one large and handsome octavo volume of 625 pages; extra cloth, $5; leather, $6.

From the Preface.

"This work was undertaken with the conviction that a treatise, such as that which the Author has aimed to prepare, was needed as a text-book for the American student, and as a book of reference for the busy practitioner.

"No department of medicine has made greater advances within the last few years than Gynecology; yet the record of its progress is, for the most part, to be found only in special monographs, journals, transactions of societies, &c., and is thus inaccessible to the mass of the profession in this country. It has, therefore, seemed to the author that a volume which should, within a limited space, present the latest aspect of the subject in a systematic form, could scarcely fail to prove useful, while his position for the last thirteen years as a teacher in this department has encouraged him, in the hope that his familiarity with the needs of the student may, to some extent, have fitted him to undertake the task."

To show the completeness with which the subject has been treated, a very condensed summary of the contents is subjoined.

Chapter I. Historical Sketch of Uterine Pathology.—II. Etiology of Uterine Diseases in America.—III. Diagnosis of the Diseases of the Female Genital Organs.—IV. Diseases of the Vulva.—V. Rupture of the Perineum.—VI. Vaginismus.—VII. Vaginitis.—VIII. Atresia Vaginæ.—IX. Prolapsus Vaginæ and Vaginal Hernia.—X. Fistulæ of the Female Genital Organs.—XI. Fecal Fistula.—XII. General Remarks upon Inflammation of the Uterus.—XIII. Acute Endometritis.—XIV. Acute Metritis.—XV. Chronic Cervical Endometritis.—XVI. Chronic Cervical Metritis.—XVII. Chronic Corporeal Endometritis.—XVIII. Chronic Corporeal Metritis.—XIX. Ulceration of the Os and Cervix Uteri.—XX. General Considerations upon Displacements of the Uterus.—XXI. Ascent and Descent of the Uterus.—XXII. Versions of the Uterus.—XXIII. Flexions of the Uterus.—XXIV. Inversion of the Uterus.—XXV. Peri-Uterine Cellulitis.—XXVI. Pelvic Peritonitis.—XXVII. Pelvic Abscess.—XXVIII. Pelvic Hæmatocele.—XXIX. Fibrous Tumors of the Uterus.—XXX. Uterine Polypi.—XXXI. Cancer of the Uterus.—XXXII. Cancroid Tumors of the Uterus.—XXXIII. Epithelioma, or Epithelial Cancer of the Uterus.—XXXIV. Diseases resulting from Pregnancy.—XXXV. Functional Disorders of the Uterus.—XXXVI. Menorrhagia and Metrorrhagia.—XXXVII. Amenorrhœa.—XXXVIII. Leucorrhœa.—XXXIX. Sterility.—XL. Amputation of the Neck of the Uterus.—XLI. Diseases of the Ovaries.—XLII. Fluid Ovarian Tumors.—XLIII. Ovariotomy.—XLIV. Ovarian Tumors (*continued*).—XLV. Diseases of the Fallopian Tubes.

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